TSA WAIVER REQUEST FORM
UNITED STATES/CANADA BORDER CROSSING
WITHOUT TRANSPONDER

Transportation Security Administration

Fax completed forms to (571) 227-1945.
WAIVER APPLICATIONS REQUIRE A MINIMUM OF SEVEN DAYS TO PROCESS
Incomplete or illegible information may result in delays in the processing of this application.

I.   COMPANY/AIRCRAFT INFORMATION: PREVIOUS WAIVER #_____

Name of Company: _____

Mailing Address: _____

        Street Address   City/State/Country   Zip Code

Company Telephone No._____ **Company Fax No.:** _____

(Required)Name of Requestor_____

Telephone Number of Requestor and e-mail address _____

Purpose of Flight: _____

Please specify whether flight is Cargo, Passenger or Both_____

Type of Aircraft _____ **Aircraft Call Sign** _____

Registry/Tail Number _____ **Aircraft Maximum Certified Takeoff Gross Weight:** _____

II.   PILOT INFORMATION
(Note - Place of Birth: If US, list City and State; if foreign, list City and Country)

Last Name	First Name	Middle Name	Date of Birth (MMDDYYYY)	City/Country of Birth	Passport Number (Use Text Format)	Passport Country of Issuance	Social Security Number

III.   CREW AND PASSENGER INFORMATION
(Note - Place of Birth: If US, list City and State; if foreign, list City and Country)

Last Name	First Name	Middle Name	Date of Birth (MMDDYYYY)	City/Country of Birth	Passport Number (Use Text Format)	Passport Country of Issuance	Social Security Number

IV.   FLIGHT ITINERARY:

START DATE: _____   **END DATE:** _____
Request will not be processed if appropriate dates are not provided. If only one date is provided the waiver letter will be issued for the <u>one day</u> only. Back-dated waivers will not be processed.

List all legs of flight (4 letter identifiers/ICAO code only) with dates of travel: (Example: Feb 14 – 23. KMIA-LFPB-KMIA.)

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SECURITY STATEMENT

Aircraft Registration Number: _____

Aircraft Type: _____

I.   AFFIRMATION: Requestor must affirm to each of the following.   On the date of the proposed flight:
Please check (X) each requirement

_____   **Access to the aircraft has been properly controlled by company representative(s).**

_____   **A senior company representative has verified the identity and authorization of each crewmember and passenger.**

_____   **Only authorized passengers are on board the aircraft.**

_____   **The aircraft will not deviate from the approved air traffic flight plan.**

_____   **The pre-flight inspections include a search of the cargo and cabin areas to ensure no foreign objects, explosives, etc. have been placed on board.**

How is the aircraft secured when not operational? (Locked hanger, fenced area with gate access, security guards, etc)

How are the personnel on board vetted/positively identified/security reviewed before boarding the aircraft?

IV.   Additional security measures taken, if any:

V   SIGNATURE OF CORPORATE SECURITY DIRECTOR, COMPANY PRESIDENT, EQUIVALENT OR DESIGNEE.

The information I have provided on this application is true, complete, and correct to the best of my knowledge and belief and is provided in good faith. I understand that a knowing and willful false statement, or an omission of a material fact, on this application may be punished by fine or imprisonment or both (see section 1001 of Title 18 United States Code), and may be grounds for denial of a waiver request or suspension or revocation of a waiver and other penalties.

_____   _____   _____
                Signature   **Print Name**   **Title**

_____   _____
                        Date   **Contact Number**

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